

**State of Nevada
Board of Cosmetology**

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**State of Nevada
Board of Cosmetology**

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SALON DUPLICATE LICENSE APPLICATION

Please print the information below:

DATE: _____ PN#: S- _____

EIN/TIN: _____

SALON NAME: _____

PHYSICAL
ADDRESS: _____

Instructions:

1. Duplicate license fee of \$25.00 in Money Order or Cashier's check:
 - Make payable to *Nevada Board of Cosmetology*
 - In office only: Credit/Debit transactions require a matching government issued photo identification
 - **No Cash or Personal Checks**
 - All salons must provide either their EIN/TIN (Employer ID number/Tax ID number) for the business or the salon owners Social Security number

MAILING
ADDRESS: _____

SALON OWNER(S): _____ SS#: _____

_____ SS#: _____

SALON PHONE NUMBER: _____

LEAD LICENSEE IN
CHARGE: _____ PN#: _____

SERVICES OFFERED: _____

SIGNATURE OF LICENSEE: _____

Office Use Only	Received	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Receipt #	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Amount Paid:	<input type="text"/>
M M D D Y Y Y Y						
<input type="checkbox"/> Cashier's Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Business Check	<input type="checkbox"/> Voucher		

E# _____ F# _____ A# _____